(Date)

Missouri State Historic Preservation Office Attention: Review and Compliance P.O. Box 176 Jefferson City, Missouri 65102

Re: Rehabilitation/Demolition/etc. at (Address, City, County, State, Zip code), (Federal Funding Agency)

## Dear Compliance Officer:

Check one of the following:

Enclosed please find a request for review pursuant to Section 106 of the National Historic Preservation Act of 1966, as amended. Per your requirements, we have included the following information:

- Section 106 Project Information Form
- Topographic and/or city map that clearly marks the project area and defines the area of potential effects
- A topographic and current aerial map marking the exact location of borrow material where applicable
- Photographs of the project area that are not photocopied, are at least 3 x 5 inches, and clearly show the primary façade of the buildings and streetscape showing buildings along the project corridor. For your convenience, these have been provided in color.
- Additional documentation (e.g. scope of work, bid, construction plans, site plans) to describe in detail the undertaking

The property is <u>not</u> listed in the National Register of Historic Places and does <u>not</u> appear to meet National
Register criteria of eligibility. Therefore, we have determined that no historic properties will be affected by this
undertaking. We request your concurrence.
<u>OR</u>
The property is listed in the National Degister of Historia Places. We have applied the criteria of adverse

☐ The property is listed in the National Register of Historic Places. We have applied the criteria of adverse effect and find that the proposed undertaking will have: ☐ no adverse effect ☐ an adverse effect on historic properties. We request your concurrence.

I am aware the SHPO has 30 days upon receipt of adequate information to review and comment on the impact of this undertaking. I am also aware that if the initial Section 106 submission is not sufficient and additional information is requested, a second 30-day review will begin upon SHPO's receipt of the additional information.

If you have any questions, please contact me at (insert phone number and email).

Sincerely,

Name/Title/Agency

Encl.

C: DED/CDBG